

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

FILING FEE: \$50 Make check payable to **SECRETARY OF STATE**

1. L.L.C. ID and Name:

FILE DATE _____
RECEIPT NO _____

Telephone # _____
FAX # _____

FILING DATE: Due during the month
the Certificate of Organization was
issued, and delinquent after the last
day of the following month.

2. The address of the principal executive office in or out of the State of South Dakota.

Street Address	City	State	ZIP+4
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Mailing Address (Optional)	City	State	ZIP+4
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3. The name of the South Dakota Registered Agent _____

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
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Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4
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4. The names and business addresses of its managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

Manager	Street Address	City	State	ZIP+4
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Manager	Street Address	City	State	ZIP+4
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Manager	Street Address	City	State	ZIP+4
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Dated _____

(Signature of an Authorized Manager or Member)

(Printed Name)

(Title)